

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA910000038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/25/2022
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NAME OF PROVIDER OR SUPPLIER

FIRESIDE HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
**947 3RD STREET
SANTA MONICA, CA 90403**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during a staffing audit visit for 24 randomly selected days from 07/01/2021 to 09/30/2021.</p> <p>Representing the Department: J.M., Associate Governmental Program Analyst.</p> <p>Welfare and Institutions (W&I) Code section 14126.022 sets forth the Department's authority to conduct audits of direct caregiver nursing services provided to residents of skilled nursing facilities, and to establish procedures for conducting such audits through All Facility Letters (AFLs). <http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&lawCode=WIC></p> <p>AFL 21-11, setting forth the audit process and guidelines for facilities is available through the following link: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-11.aspx></p> <p>Health and Safety Code (HSC) 1337-1338.5, sets forth the requirements for Certified Nurse Assistants is available through the following link: <https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&chapter=2.&lawCode=HSC&article=9></p> <p>W&I section 14126.022 requires the Department to assess an administrative penalty to a SNF if the Department determines that the SNF fails to meet the DHPPD requirements pursuant to HSC sections 1276.5 or 1276.65. The Department shall assess an administrative penalty to any facility that fails to meet the applicable standard</p>	A 000	<p>A 200 – DHPPD STAFFING</p> <p><u>A 200- HSC 1276.65(c)(1)(B)SAS-3.5 Standard</u></p> <p>A. Facility conducted an in-service /education to the Director of Staff Development ,Interim DON , Payroll and admin and nursing staff on the following : Review of AFL 21-11</p> <p>- A 3.5 Direct Care Service Hours Per Patient Day (DHPPD) is required to be met daily, which requires a minimum of a 2.4 DHPPD CNA hours.</p> <p>- Director of Nursing /Designee is responsible to ensure that staffing for both License nurses and CNAs is met based on the daily Census.</p> <p>- All staff scheduled has to have a current license and certificate.</p> <p>- DSD to ensure all nursing staff have a current license and CNA certificate.</p> <p>- DON/designee will follow the CDPH form 612 to record the scheduled Direct Care hours at the beginning of the 24 hour day and the Actual Care hours after the 24 hour patient day schedule.</p>	9/24/24

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

[Signature]

(X6) DATE

[Signature]

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A 000	<p>Continued From page 1</p> <p>for staffing requirements on any given day. The applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless an approved Workforce Shortage or Patient Needs Waiver is granted.</p> <p>The statute was not met as evidenced by the following findings:</p> <p>Final Audit Result:</p> <p>Total Distinct Non-Compliant Day(s) = 16</p> <table border="1"> <thead> <tr> <th>Date</th> <th>3.5</th> <th>2.4</th> </tr> </thead> <tbody> <tr><td>07/03/2021</td><td>*3.17*</td><td>*1.83*</td></tr> <tr><td>07/05/2021</td><td>*2.77*</td><td>*1.35*</td></tr> <tr><td>07/06/2021</td><td>4.35</td><td>2.41</td></tr> <tr><td>07/07/2021</td><td>4.20</td><td>2.46</td></tr> <tr><td>07/12/2021</td><td>*3.47*</td><td>*1.72*</td></tr> <tr><td>07/18/2021</td><td>*3.16*</td><td>*1.56*</td></tr> <tr><td>07/19/2021</td><td>3.67</td><td>*1.96*</td></tr> <tr><td>07/23/2021</td><td>4.34</td><td>*2.08*</td></tr> <tr><td>07/26/2021</td><td>3.80</td><td>*1.87*</td></tr> <tr><td>08/03/2021</td><td>3.91</td><td>*2.05*</td></tr> <tr><td>08/11/2021</td><td>3.93</td><td>*1.82*</td></tr> <tr><td>08/13/2021</td><td>4.77</td><td>2.67</td></tr> <tr><td>08/15/2021</td><td>3.66</td><td>*2.15*</td></tr> <tr><td>08/25/2021</td><td>4.46</td><td>2.71</td></tr> <tr><td>08/26/2021</td><td>4.67</td><td>2.56</td></tr> <tr><td>08/28/2021</td><td>*3.28*</td><td>*1.44*</td></tr> <tr><td>09/06/2021</td><td>*3.47*</td><td>*1.89*</td></tr> <tr><td>09/13/2021</td><td>3.80</td><td>*1.98*</td></tr> <tr><td>09/15/2021</td><td>4.40</td><td>2.68</td></tr> <tr><td>09/16/2021</td><td>4.83</td><td>2.49</td></tr> <tr><td>09/17/2021</td><td>4.99</td><td>*2.29*</td></tr> <tr><td>09/24/2021</td><td>4.36</td><td>*2.25*</td></tr> <tr><td>09/25/2021</td><td>4.15</td><td>*2.37*</td></tr> <tr><td>09/30/2021</td><td>4.40</td><td>2.53</td></tr> </tbody> </table> <p>*x.xx* = non-compliant date</p>	Date	3.5	2.4	07/03/2021	*3.17*	*1.83*	07/05/2021	*2.77*	*1.35*	07/06/2021	4.35	2.41	07/07/2021	4.20	2.46	07/12/2021	*3.47*	*1.72*	07/18/2021	*3.16*	*1.56*	07/19/2021	3.67	*1.96*	07/23/2021	4.34	*2.08*	07/26/2021	3.80	*1.87*	08/03/2021	3.91	*2.05*	08/11/2021	3.93	*1.82*	08/13/2021	4.77	2.67	08/15/2021	3.66	*2.15*	08/25/2021	4.46	2.71	08/26/2021	4.67	2.56	08/28/2021	*3.28*	*1.44*	09/06/2021	*3.47*	*1.89*	09/13/2021	3.80	*1.98*	09/15/2021	4.40	2.68	09/16/2021	4.83	2.49	09/17/2021	4.99	*2.29*	09/24/2021	4.36	*2.25*	09/25/2021	4.15	*2.37*	09/30/2021	4.40	2.53	A 000	<ul style="list-style-type: none"> - A 612 adjunct form is included in the daily DHPPD posting to record the RN hours. - DON/designee shall calculate the hours designated to meet the DHPPD based at the beginning and the ending census. - Form 530 shall be completed at the beginning of the shift (to show the names of scheduled staff) and also reflect any changes (call offs, hours adjustment due to census change) in the staffing and the census by the end of the day . - All staff scheduled to sign the 530 form. - Charge nurses in all shifts shall be responsible in ensuring that all the staff assigned for the shift have reported and signed in. - In the event of a call off, a record of attempts to replace the call offs shall be documented. - The actual hours shall be validated with the daily payroll records. - Payroll shall print the daily payroll hours and to be given to the DON/Designee to validate the actual daily DHPPD. - Any missed time punches shall accompany a missed punch form (attach a blank form) to accurately record the number of hours delivered for patient care. - The DON /designee will sign form 612 daily to ensure that the required DHPPD is delivered and met. - In-service conducted by RN Nurse Consultant (CQI) on 9/24/24 	9/24/24
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A 200 A 200	Continued From page 2 HSC 1276.65(c)(1)(B) SAS - 3.5 Standard (B) Effective July 1, 2018, skilled nursing facilities, except those skilled nursing facilities that are a distinct part of a general acute care facility or a state-owned hospital or developmental center, shall have a minimum number of direct care services hours of 3.5 per patient day, except as set forth in Section 1276.9. This Statute is not met as evidenced by: Facility failed to meet 3.5 Direct Care Service Hours Per Patient Day (DHPPD), Pursuant to HSC 1276.65(c)(1)(B) for 6 of 24 days. The statute was not met as evidenced by the following findings: The total number of actual direct care nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet DHPPD Staffing Standard(s). Review of Form 280A (Facility: Nurse Assistant Training Program Notice) states " Hire CNA Only, " therefore, the nurse assistant(s) do not count towards the 3.5 DHPPD per HSC, section 1337.1(b)(6). Per HSC, section 1337.2 (g) " ...It shall be unlawful for any person not certified under this article to hold himself or herself out to be a certified nurse assistant. " CDPH found staff with lapsed, suspended, expired, or revoked certification(s) and/or nurse assistants in training without active certification(s). This necessitated	A 200 A 200	B. DON and administrator shall review the Daily DHPPD records to ensure that the hours are met. DON and admin shall review these records daily after the daily stand-up meeting. A record of minutes shall be completed and filed along with the form 612 and form 530 and the daily payroll printout. Any deviations shall accompany an explanation and assurance that the care was delivered and met. Such as in the event the DSD or DON or other staff provided direct patient care. C. Completion date 9-24-24	9/24/24

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A 200	Continued From page 3 excluding all CNA service hours for such employees. Employee(s) failed to delineate time spent providing nursing services to skilled nursing care patients, as defined in HSC section 1276.65 and CCR Title 22, section 72309, section 72311 and section 72315, while assigned to perform other duties other than direct care. Payroll records were incomplete, illegible or inaccurate. Time spent providing nursing services could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees. Documents/records, other than payroll records, were incomplete, illegible, or inaccurate. Time spent providing direct care could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees. Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements.	A 200		9/24/24
A 205	HSC 1276.65(c)(1)(C) SAS - 2.4 Standard (C) Skilled nursing facilities shall have a minimum of 2.4 hours per patient day for certified nurse assistants in order to meet the requirements in subparagraph (B). This Statute is not met as evidenced by: Facility Failed to meet 2.4 Direct Care Service	A 205		

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A 205	<p>Continued From page 4</p> <p>Hours Per Patient Day (DHPPD) performed by certified nurse assistants, pursuant to HSC 1276.65(c)(1)(C) for 16 out of 24 days.</p> <p>The statute was not met as evidenced by the following findings:</p> <p>The total number of actual direct care nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet DHPPD Staffing Standard(s).</p> <p>Review of Form 280A (Facility: Nurse Assistant Training Program Notice) states " Hire CNA Only, " therefore, the nurse assistant(s) do not count towards the 3.5 DHPPD per HSC, section 1337.1(b)(6).</p> <p>Per HSC, section 1337.2 (g) " ...It shall be unlawful for any person not certified under this article to hold himself or herself out to be a certified nurse assistant. " CDPH found staff with lapsed, suspended, expired, or revoked certification(s) and/or nurse assistants in training without active certification(s). This necessitated excluding all CNA service hours for such employees.</p> <p>Payroll records were incomplete, illegible or inaccurate. Time spent providing nursing services could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees.</p> <p>Documents/records, other than payroll records, were incomplete, illegible, or inaccurate. Time spent providing direct care could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such</p>	A 205		9/24/24

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A 205	Continued From page 5 employees. Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements.	A 205		9/24/24